City of Albuquerque Biweekly Insurance Rates FY2018 July 1, 2017 - June 30, 2018

Medical Insurance Employee pays 20% City pays 80%

Care Health Pla	an	
Employee*	City	Total
39.58	158.32	197.90
80.53	322.12	402.65
63.58	254.30	317.88
116.22	464.88	581.10
	Employee* 39.58 80.53 63.58	39.58 158.32 80.53 322.12 63.58 254.30

Vision Insurance Employee pays 20% City pays 80%

VSP			
	Employee*	City	Total
Single	0.44	1.76	2.20
Single Couple	0.88	3.52	4.40
S/Parent	0.94	3.77	4.71
Family	1.53	6.13	7.66

Short-Term Disability Insurance Employee Paid

Hartford	Weekly Benefit	= 60% base salary		
Age	Rate per \$10 of Weekly Benefit			
	Monthly Rate BW Rate*			
<25	0.451	0.2082		
25-29	0.384	0.1772		
30-34	0.421	0.1943		
35-39	0.337	0.1555		
40-44	0.321	0.1482		
45-49	0.359	0.1657		
50-54	0.450	0.2077		
55-59	0.538	0.2483		
60-64	0.625	0.2885		
65+	0.687	0.3171		

Long-Term Disability Insurance Employee Paid

Long-Term Disability insurance Employee Paid			
Monthly Benefit	= 60% base salary		
Rate per \$100 of BW Salary			
Monthly Rate BW Rate*			
0.218	0.1006		
0.338	0.1560		
0.446	0.2058		
0.641	0.2958		
0.835	0.3854		
0.997	0.4602		
1.030	0.4754		
	Monthly Benefit Rate per \$100 c Monthly Rate BN 0.218 0.338 0.446 0.641 0.835 0.997		

^{*} Biweekly = monthly times 12 divided by 26

Dental Insurance Employee pays 20% City pays 80%

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Delta Dental			
	Employee*	City	Total
Single	2.92	11.68	14.60
Couple	5.91	23.62	29.53
S/Parent	6.49	25.95	32.44
Family	8.78	35.14	43.92

Legal Insurance Employee Paid

Arag Legal	Employee*	
Single	8.63	
Employee +1	10.75	
Arag Legal Single Employee +1 Family	11.03	

Basic Life and AD&D

Hartford (100% Paid by City \$.315 per \$1,000)			
Amount of coverage	e is 140% of gross annual salary		
Minimum	Maximum		
\$25,000	\$50,000		

Voluntary Term Life Employee Paid

Voluntary Term Life Employee Palu			
Hartford Biweekly Rates Per \$1,000			
Age	Smoker	Non Smoker	
<30	0.0443	0.0215	
30-34	0.0550	0.0275	
35-39	0.0882	0.0443	
40-44	0.1218	0.0658	
45-49	0.2258	0.1271	
50-54	0.3381	0.1880	
55-59	0.4925	0.2709	
60-64	0.6248	0.3486	
65-69	0.9230	0.5198	
70-74	1.7577	0.9786	
75+	2.7290	1.5194	
*Spouse age limit is	75		
Hartford Depender	Hartford Dependent Child Term Life		
Coverage	Rate		
\$2,500	0.240		
\$5,000	0.480		
\$7,500	0.720		
\$10,000	0.960		

Flexible Spending Account

BASIC (medical,	dependent c	are, parking or	
transit fee)	\$4.30 C	City Paid Monthly	